03/10/2010 11:08

Image# 10930391863

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines The Council of Insurance Agents & Brokers Political Action Committee 701 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 750 Check if different than previously Washington DC 20004 2608 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS NEW **AMENDED** C00039578 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2009 03 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ken A. Crerar Type or Print Name of Treasurer Ken A. Crerar Electronically Filed by 03 10 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule : **F3XA**Transaction ID :

Amendment being filed to correct Willis PAC receipt noted as receipt from individuals other than Political Comm., but was actually received from a PAC.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

D D " D 03 0 1 2009 0.3 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 201736.30 January 1 (b) Cash on Hand at 258071.11 Begining of Reporting Period 63778.20 154095.30 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 321849.31 355831.60 6(a) and 6(c) for Column B) 77721.32 111703.61 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 244127.99 244127.99 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

3/34

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 34

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From: 0 3

D D D 1

2009

та.

М М

^D 31

^Y 2009

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| | Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 57826.00 | 142626.00 |
| | (ii) Unitemized | 2952.20 | 8469.30 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) | 60778.20 | 151095.30 |
| (| (b) Political Party Committees | 0.00 | 0.00 |
| ` | (c) Other Political Committees (such as PACs) | 3000.00 | 3000.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 63778.20 | 154095.30 |
| | Transfers From Affiliated/Other | 0.00 | 0.00 |
| 3. <i>I</i> | All Loans Received | 0.00 | 0.00 |
| | _oan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (| Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 |
| t | to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| | Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| | Transfers from Non-Federal and Levin Funds | | |
| (| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (| c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 63778.20 | 154095.30 |
| | otal Federal Receipts subtract Line 18(c) from Line 19) | 63778.20 | 154095.30 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5/34

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|-----------------------------------------------------------------------------------|-------------------------------|--------------------------------|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 2640 52 | 2422.16 |
| | Expenditures(c) Total Operating Expenditures | 2640.52 | 3422.16 |
| | (add 21(a)(i), (a)(ii) and (b)) | 2640.52 | 3422.16 |
| 22. | Transfers to Affiliated/Other Party | | |
| 2 | Contributions to | 0.00 | 0.00 |
| | Federal Candidates/Committees and Other Political Committees | 75080.80 | 106080.80 |
| 4. | Independent Expenditure | | |
| 5 | (use Schedule E) | 0.00 | 0.00 |
| J. | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| 6. | Loan Repayments Made | 0.00 | 0.00 |
| | Loans Made | 0.00 | 0.00 |
| о. | Refunds of Contributions To: (a) Individuals/Persons Other | 0.00 | 0.00 |
| | Than Political Committees | 0.00 | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs)(d) Total Contribution Refunds | 0.00 | 0.00 |
| | (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 9. | Other Disbursements | 0.00 | 2200.65 |
| | | | |
| υ. | Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | | |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely | | |
| | With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add | 0.00 | 0.00 |
| | Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 77721.32 | 111703.61 |
| 32. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | from Line 31) | 77721.32 | 111703.61 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 34

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|-------------------------------------------------------------------------|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 63778.20 | 154095.30 |
| 4. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 63778.20 | 154095.30 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2640.52 | 3422.16 |
| 7. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 88. | Net Operating Expenditures (subtract Line 37 from Line 36) | 2640.52 | 3422.16 |

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| Ai | | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 |
|----|------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| | ny information copied from such Reports and S for commercial purposes, other than using the | Statements may no e name and addres | t be sold or used by any persons of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Br | rokers Political A | Action Committee | |
| | Full Name (Last, First, Middle Initial) Mr. Kerry B. Drake | | | Date of Receipt |
| | Mailing Address 6448 Province Lane | | | 03 03 7 2009 |
| | City | State | Zip Code | Transaction ID: 29504143 |
| | Baton Rouge | LA | 70808-3578 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2500.00 |
| | Name of Employer BancorpSouth Insurance Se- | Occupation Insurance B | roker | |
| | rvices, Inc. Receipt For: | - | ar-to-Date ▼ | |
| | Primary General Other (specify) ▼ | Aggregate re | 2500.00 | |
| | Full Name (Last, First, Middle Initial) Mr. James R. Davis | | | Date of Receipt |
| | Mailing Address 1 White Pillars Lane | | | 03 / 03 / 2009 |
| | City | State | Zip Code | Transaction ID: 29504154 |
| | Houston | TX | 77024-6607 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer John L. Wortham & Son, L L.P. (HQ) | Occupation Insurance B | roker | |
| | Receipt For: | Aggregate Ye | ar-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 1000.00 | |
| | Full Name (Last, First, Middle Initial) Mr. Paul Morse | | | Date of Receipt |
| | Mailing Address 24 Orient Avenue | | | 03 03 7 2009 |
| | City | State | Zip Code | Transaction ID: 29504158 |
| | <u>Jamestown</u> | RI | 02835-1834 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer BrokerNetUSA, Inc. | Occupation Insurance B | roker | |
| | Receipt For: | Aggregate Ye | ar-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 4500.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| or for commercial purposes, other than us NAME OF COMMITTEE (In Full) | s and Statements may not be sold or used by any perso sing the name and address of any political committee to s & Brokers Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | | |
| Mr. Albert R. Counselman Mailing Address 12313 Michaelsf | ford Road | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 29504159 |
| <u>Cockeysville</u> | MD 21030-2248 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2500.00 |
| Name of Employer RCM&D, Inc. (HQ) | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |
| Full Name (Last, First, Middle Initial) Mr. Mark Counselman | Date of Receipt | |
| Mailing Address 3409 Oakenshav | w Place | 03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 29504161 |
| <u>Baltimore</u> | MD 21218-2806 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer RCM&D, Inc. (HQ) | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Mr. Scott Jensen | | Date of Receipt |
| Mailing Address 4945 Bergen Co | urt | 03 / 03 / 2009 |
| City | State Zip Code | Transaction ID: 29504190 |
| Cumming | GA 30040-9707 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer AmWINS Brokerage of Alaba- ma | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (opti | ional) | 3500.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 34 (check only one) X |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to Brokers Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Bill D. Henry Mailing Address 6801 Baltimore Av | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Dallas | State Zip Code TX 75205-1229 | Transaction ID: 29504192 |
| FEC ID number of contributing federal political committee. | TX 75205-1229 | Amount of Each Receipt this Period 2500.00 |
| Name of Employer McQueary Henry Bowles Tro- y, L.L.P. (HQ Receipt For: Primary General Other (specify) ▼ | Occupation Insurance Broker Aggregate Year-to-Date 2500.00 | |
| Full Name (Last, First, Middle Initial) Mr. Dan Browning Mailing Address 2401 Chiswick Lak | e Drive | Date of Receipt 0 3 0 5 2 0 0 9 |
| City | State Zip Code | Transaction ID: 29504193 |
| <u>Plano</u> | TX 75093 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2500.00 |
| Name of Employer McQueary Henry Bowles Tro- y, L.L.P. (HQ | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |
| Full Name (Last, First, Middle Initial) Ms. Carla Sans | | Date of Receipt |
| Mailing Address 4242 Lomo Alto Dr | ive, 523 | 03 05 7 2009 |
| City | State Zip Code | Transaction ID: 29504194 |
| Dallas | TX 75219-1538 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2500.00 |
| Name of Employer McQueary Henry Bowles Tro- y, L.L.P. (HQ | Occupation Insurance broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |
| | al) | 7500.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Br | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ 4. | Full Name (Last, First, Middle Initial) Mr. Kyle Moss | | | Date of Receipt |
| | Mailing Address 12700 Park Central D Suite 1700 | rive | | 03 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 29504195 |
| | Dallas FEC ID number of contributing federal political committee. | C | 75251-1500 | Amount of Each Receipt this Period 2500.00 |
| | Name of Employer McQueary Henry Bowles Tro- y, L.L.P. (HQ Receipt For: | Occupation Insurance Aggregate | | |
| _ | Primary General Other (specify) ▼ | | 2500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Mr. Dennis M. Donahue | | | Date of Receipt |
| •• | Mailing Address 805 West Willow Stre | et | | 0 3 1 2 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: 29549687 |
| | Palatine FEC ID number of contributing federal political committee. | C | 60067-0921 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Wells Fargo Insurance Services, Inc. (| Occupation Insurance | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| _). | Full Name (Last, First, Middle Initial) Mr. Larry Kaminsky | | | Date of Receipt |
| | Mailing Address 10235 S. Greentree C | ourt | | 03 09 7 2009 |
| | City | State | Zip Code | Transaction ID: 29549780 |
| | Olathe FEC ID number of contributing federal political committee. | C | 66061-7447 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Thomas McGee, L.C. (HQ) | Occupatio Insuranc | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 4500.00 |
| T | TOTAL This Period (last page this line number | r only) | | |

| SCHEDULE A (FEC FOITEMIZED RECEIPTS | orm 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Fu The Council of Insurance A | nan using the name and addre | ess of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Ir Mr. Charles A. Rosson Mailing Address 3373 Las F | | Zip Code | Date of Receipt M |
| <u>Lafayette</u> FEC ID number of contributing federal political committee. | CA C | 94549-5108 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Woodruff-Sawyer & Company (HQ) Receipt For: Primary General Other (specify) ▼ | Occupation Insurance Aggregate Y | Broker ∕ear-to-Date ▼ | |
| Full Name (Last, First, Middle Ir Mr. Johnny Pitts Mailing Address 3970 Grand | tial) Iview Avenue | | Date of Receipt 0 3 0 9 2 0 0 9 |
| City Memphis | State TN | Zip Code 38111-7610 | Transaction ID: 29549807 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Lipscomb & Pitts Insurance, LLC (HQ) Receipt For: Primary General Other (specify) | Occupation Insurance Aggregate Y | Broker ∕ear-to-Date ▼ | 1000.00 |
| Full Name (Last, First, Middle Ir Mr. Mathew Lipscomb, III Mailing Address 1900 Baldv | , | 0 0 0 0 0 0 0 | Date of Receipt |
| City Lake Cormorant | State MS | Zip Code 38641-9619 | Transaction ID: 29549808 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Lipscomb & Pitts Insuranc- e, LLC (HQ) Receipt For: | Occupation Insurance | Broker ′ear-to-Date ▼ | |
| Primary General Other (specify) ▼ | Aggregate | 1000.00 | |
| SUBTOTAL of Receipts This Pag | e (optional) | | 2500.00 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 34 (check only one) X |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| or fo | information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Council of Insurance Agents & B | ne name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | | TOKEIS FOILIG | ai Action Committee | |
| ا. ا | Full Name (Last, First, Middle Initial) Mr. Steve Brockmeyer Mailing Address 1420 Oak Meadow R | nad. | | Date of Receipt |
| - | | | 7. 0. 1 | 03 13 2009 |
| | City Arcadia | State CA | Zip Code 91006-2128 | Transaction ID: 29583300 Amount of Each Receipt this Period |
| ı | EC ID number of contributing ederal political committee. | C | 0.000 2.720 | 500.00 |
| _ | Name of Employer Bolton & Company Insurance Brokers (HQ | Occupation Insurance | e Broker | |
| 1 | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| . ! | Full Name (Last, First, Middle Initial) Mr. Anthony P. Campisi | | | Date of Receipt |
| ſ | Mailing Address 183 Leaders Heights | Road | | 03 13 2009 |
| | City | State | Zip Code | Transaction ID: 29583302 |
| - | York FEC ID number of contributing ederal political committee. | C | 17402-4714 | Amount of Each Receipt this Period 2500.00 |
| (| Name of Employer Glatfelter Insurance Group HQ) | Occupation | | |
| ſ | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 2500.00 | |
| | Full Name (Last, First, Middle Initial) Mr. Tom Hughston | | | Date of Receipt |
| Ī | Mailing Address 6475 Glendora Avenu | re | | 03 13 2009 |
| (| City | State | Zip Code | Transaction ID: 29583306 |
| | Dallas | TX | 75230 | Amount of Each Receipt this Period |
| | FEC ID number of contributing ederal political committee. | C | | 1000.00 |
| <u>.</u> | Name of Employer Roach Howard Smith & Bart- on, Inc. (HQ) | | ecutive Officer | |
| I | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| SU | BTOTAL of Receipts This Page (optional) | | | 4000.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a | for each category of t Detailed Summary Pa | he (crieck only one) |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | g the name and address of any political com By Brokers Political Action Committee | imilitiee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Ryan Wilkerson Mailing Address 6731 Rainbow Ave | enue | Date of Receipt |
| City | State Zip Code | 0 3 1 3 2 0 0 9 Transaction ID: 29583309 |
| Mission Hills | KS 66208-2265 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Haas & Wilkerson, Inc. (H- Q) Receipt For: Primary General Other (specify) ▼ | Occupation Insurance Broker Aggregate Year-to-Date 500 | .00 |
| Full Name (Last, First, Middle Initial) Mr. Thomas E. Hughes Mailing Address 1702 Almendia Dr | ve | Date of Receipt |
| City | State Zip Code | 0 3 2 5 2 0 0 9 Transaction ID: 29583312 |
| Chico FEC ID number of contributing federal political committee. | CA 95926-7757 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Interwest Insurance Servi- ces. Inc. | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | .00 |
| Full Name (Last, First, Middle Initial) Mr. Timothy M. Fleming | | Date of Receipt |
| Mailing Address 1842 Morgan Roa | t | 03 17 2009 |
| City Orono | State Zip Code MN 55356-9519 | Transaction ID: 29583319 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer RJF Agencies, Inc. (HQ) | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | .00 |
| SUBTOTAL of Receipts This Page (option | al) | 3500.00 |

| | DULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14/34 (check only one) X 11a 11b 11c 12 13 14 15 16 | ☐ 17 |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------|
| or for com | nation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) council of Insurance Agents & Bro | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | |
| Mr. Bill | me (Last, First, Middle Initial) Jeatran Address Ivy Avenue North | | | Date of Receipt | — П |
| City Grant | <u> </u> | State MN | Zip Code 55082 | Transaction ID: 29583377 Amount of Each Receipt this Period | |
| FEC ID | number of contributing political committee. | C | 3300Z | 1250.00 | |
| RJF A | of Employer gencies, Inc. (HQ) | Occupation Insurance | e Broker | | |
| | t For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date ▼ 1250.00 | | |
| Mr. Jan | me (Last, First, Middle Initial) nes J. McNasby | | | Date of Receipt | |
| Mailing ——— City | Address 31 West 11th Street Apartment 6B | State | Zip Code | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| New \ | ⁄ork | NY | 10011-8663 | Amount of Each Receipt this Period | |
| | number of contributing political committee. | C | | 500.00 | |
| Marsh ——— | of Employer Inc. (HQ) | Occupation General (| Counsel | | |
| | t For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date ▼ 500.00 | | |
| | me (Last, First, Middle Initial) vid L. Eslick | | | Date of Receipt | |
| Mailing | Address 4 Arrow Tree Drive | | | 03 17 2009 | 7 |
| City <u>Briarc</u> | liff Manor | State NY | Zip Code 10510-2260 | Transaction ID: 29583387 Amount of Each Receipt this Period | |
| | number of contributing political committee. | C | | 1000.00 | |
| Marsh ——— | | Occupation Insurance | | | |
| | t For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | |
| SUBTOT | AL of Receipts This Page (optional) | |) | 2750.00 | · |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any perso name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | |
| The Council of Insurance Agents & Bro | okers Political Action Committee | |
| Full Name (Last, First, Middle Initial) Mr. H. Wade Reece | | Date of Receipt |
| Mailing Address 1919 Reid Street | | 03 20 2009 |
| City | State Zip Code | Transaction ID: 29583396 |
| Raleigh | NC 27608-2246 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 5000.00 |
| Name of Employer BB&T Insurance Services | Occupation | 1 |
| (HQ) | Insurance Broker | |
| Receipt For: | Aggregate Year-to-Date ▼ | . [|
| Primary General Other (specify) ▼ | 5000.00 | |
| Full Name (Last, First, Middle Initial) Ms. Cynthia J. Bowman | Date of Receipt | |
| Mailing Address 1360 E 9th Street Suite 600 | | 03 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 29583426 |
| Cleveland | OH 44114-1737 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 90.00 |
| Name of Employer Oswald Companies (HQ) | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |
| Full Name (Last, First, Middle Initial) Mr. Edward X. McNamara | | Date of Receipt |
| Mailing Address 1360 E 9th Street Suite 600 | | 03 20 2009 |
| City | State Zip Code | Transaction ID: 29583451 |
| Cleveland | OH 44114-1737 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 84.00 |
| Name of Employer Oswald Companies (HQ) | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 252.00 | |
| SUBTOTAL of Receipts This Page (optional) | ······ | 5174.00 |

| SCHEDULE A (FEC FOIIII 3X) ITEMIZED RECEIPTS | CHEDULE A (FEC Form 3X) Use separate schedule(s) for each category of the | | FOR LINE NUMBER: PAGE 16/34 (check only one) |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 |
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may ne name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) The Council of Insurance Agents & E | Brokers Politic | al Action Committee | |
| Full Name (Last, First, Middle Initial) | | | |
| Mr. Jeffrey J. Schwab | | | Date of Receipt |
| Suite 600 | | | 03 20 7 2009 |
| CLEVELAND | State OH | Zip Code | Transaction ID: 29583463 |
| CLEVELAND FEC ID number of contributing | | 44114-1737 | Amount of Each Receipt this Period |
| federal political committee. | C | | 84.00 |
| Name of Employer Oswald Companies (HQ) | Occupatio Insuranc | | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 252.00 | |
| Full Name (Last, First, Middle Initial) Mr. Robert J. Klonk | | | Date of Receipt |
| Mailing Address 11542 Elizabeth Circ | le | | 03 24 2009 |
| City | State | Zip Code | Transaction ID: 29600564 |
| Strongsville | OH | 44149-3040 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 2500.00 |
| Name of Employer Oswald Companies (HQ) | Occupatio Insuranc | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 2500.00 | 1 |
| Full Name (Last, First, Middle Initial) | | | |
| Mr. Roy Gonella Mailing Address 120 13th Street | | | Date of Receipt 0 3 2 4 2 0 0 9 |
| City | State | Zip Code | Transaction ID: 29600565 |
| Manhattan Beach | CA | 90266-4707 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Marsh Inc. | Occupatio Insuranc | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 500.00 | |
| | | | 3084.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17/34 (check only one) X 11a 11b 11c 12 |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pers the name and address of any political committee to | 13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee. |
| The Council of Insurance Agents & | Brokers Political Action Committee | |
| Full Name (Last, First, Middle Initial) Mr. Arthur J. Glatfelter | | Date of Receipt |
| Mailing Address 8379 Fieldstone Lar | ne | 03 24 2009 |
| City | State Zip Code | Transaction ID: 29600566 |
| <u>Dallastown</u> | PA 17313-9003 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2500.00 |
| Name of Employer Glatfelter Insurance Group | Occupation | |
| <u>(HQ)</u> | Insurance Broker | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2500.00 | |
| Full Name (Last, First, Middle Initial) Mr. Robert Cohen | · | Date of Receipt |
| Mailing Address 5440 South Cottonw | vood Court | 03 24 YYYY 2009 |
| City | State Zip Code | Transaction ID: 29600567 |
| Greenwood Village | CO 80121-1432 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2500.00 |
| Name of Employer IMA Financial Group, Inc. (HQ) | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |
| Full Name (Last, First, Middle Initial) Mr. John Hundhausen | | Date of Receipt |
| Mailing Address 4554 Laclede Avenu #103 | le | 03 24 2009 |
| City | State Zip Code | Transaction ID: 29600569 |
| Saint Louis | MO 63108-2156 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Daniel & Henry Company (H- Q), The | Occupation Vice President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| | | 5500.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | for each | arate schedule(s) category of the Summary Page | FOR LINE NUMBER: PAGE 18 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Br | | | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Stacey Braswell Mailing Address 17418 Bridle Trails W City Glencoe FEC ID number of contributing federal political committee. Name of Employer Daniel & Henry Company (H-Q), The Receipt For: Primary General | | de | Date of Receipt O 3 Transaction ID: 29600572 Amount of Each Receipt this Period 300.00 |
| Full Name (Last, First, Middle Initial) Mr. Kevin O'Neil Mailing Address 511 Acacia Avenue City San Bruno FEC ID number of contributing federal political committee. Name of Employer AmWINS Insurance Brokerage of Californ Receipt For: Primary General | State Zip CocCA 94066- C Occupation Insurance Broker Aggregate Year-to-Date | de -4221 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) Full Name (Last, First, Middle Initial) Mr. W.H. 'Skip' Cooper, IV Mailing Address 200 Nash Circle City Birmingham FEC ID number of contributing federal political committee. Name of Employer AmWINS Brokerage of Alaba- | State Zip Cod AL 35213- C Occupation Insurance Broker | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ma Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | Aggregate Year-to-Dat | 3009.00 | 4309.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persong the name and address of any political committee to | FOR LINE NUMBER: PAGE 19 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 11 In for the purpose of soliciting contributions solicitic contributions from such committee |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | Brokers Political Action Committee | Solicit Contributions from Such Committee. |
| Full Name (Last, First, Middle Initial) Mr. Steven DeCarlo Mailing Address 2231 Sharon Lane | | Date of Receipt |
| O.h. | Chair 70 Code | 03 31 2009 |
| City Charlotte | State Zip Code NC 28211-3737 | Transaction ID: 29618749 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 20211-07-07 | 3009.00 |
| Name of Employer AmWINS Group, Inc. (HQ) | Occupation Insurance broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3009.00 | |
| Full Name (Last, First, Middle Initial) | | Date of Descript |
| Mr. John A. Barron, Jr. Mailing Address 5726 Swan Drive | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 29618750 |
| Clayton | OH 45315-9614 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Brower Insurance Agency, LLC (HQ) | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Mr. James C. Drinkwater | | Date of Receipt |
| Mailing Address 185 Mendham Roa | ad | 03 31 7 2009 |
| City | State Zip Code | Transaction ID: 29618751 |
| <u>Bernardsville</u> | NJ 07924-1617 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer AmWINS Brokerage of New York, Inc. | Occupation Insurance Broker | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 5009.00 |

В.

PAGE 20/34 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Brokers Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mr. David M. Ziegler Mailing Address 12772 NW 15th Street 03 3 1 2009 Zip Code City State Transaction ID: 29618752 **Coral Springs** FI 33071-5437 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Arthur J. Gallagher & Co. Occupation Insurance broker Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Mr. Thomas L. Mangan Date of Receipt Mailing Address 350 Flintlock Road 0 3 31 2009 City State Zip Code Transaction ID: 29618753 Southport CT 06890-1079 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Corporate Synergies Group, Occupation Insurance Broker Inc. (HQ) Receipt For: Aggregate Year-to-Date Primary General

1000.00

| SUBTOTAL of Receipts This Page (optional) | • | 2000.00 |
|-----------------------------------------------------|----------|----------|
| TOTAL This Period (last page this line number only) | • | 57826.00 |

Other (specify)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 34 (check only one) 11a 11b X 11c 12 13 14 15 16 17 |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name and | | |
| NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Brokers Pol | litical Action Committee | |
| Full Name (Last, First, Middle Initial) Willis PAC Mailing Address 7 Hanover Square City State | e Zip Code | Date of Receipt 0 3 |
| New York FEC ID number of contributing federal political committee. Name of Employer Occup | 10004 C00418731 | Amount of Each Receipt this Period 3000.00 |
| | gate Year-to-Date ▼ | |

| SUBTOTAL of Receipts This Page (optional) | • | 3000.00 |
|-----------------------------------------------------|----------|---------|
| TOTAL This Period (last page this line number only) | <u> </u> | 3000.00 |

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| SCHEDULE B (FEC Form 3X) | | F | OR LIN | NE NUMBER: PAGE 22/34 | | | | | | | | |
|-------------------------------------------------------------------------|------------------------------------------------|-------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|--|--|--|--|--|
| , US | e separate schedule(s) each category of the | | check or | nly one) | | | | | | | | |
| De | ailed Summary Page | | 21b | 22 X 23 | 24 25 26 | | | | | | | |
| Any Information copied from such Reports and Statements | nav not be sold or used b |)V an | 27 v persor | 28a 28b 2 | 28c 29 30b | | | | | | | |
| or for commercial purposes, other than using the name and | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| The Council of Insurance Agents & Brokers Pol | tical Action Committe | ee | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Wicker For Senate | | | | Transaction ID: 2 | | | | | | | | |
| Mailing Address PO Box 64 | | | | $\begin{array}{c c} \begin{array}{c c} M & M \\ \hline \end{array} \begin{array}{c} M & M \\ \hline \end{array} \begin{array}{c} D & D \\ \hline \end{array} \begin{array}{c} D & D \\ \hline \end{array}$ | Y 2009 | | | | | | | |
| City State Jackson MS | Zip Code 39205 | | | Amount of Each Di | sbursement this Period | | | | | | | |
| Purpose of Disbursement | Г | | - | | 1000.00 | | | | | | | |
| | | | 11 | | | | | | | | | |
| Candidate Name Mr. Roger Wicker | | | egory/ /pe | | | | | | | | | |
| Office Sought: House Disbursement X Senate X Prim | | | ,,,,,, | | | | | | | | | |
| State: MS District: | (opcony) • | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Friends Of John Tanner | | | | Transaction ID: 2 | | | | | | | | |
| Mailing Address Post Office Box 1994 | | | | 03 / 12 | Y 2009 | | | | | | | |
| City State Union City TN | Zip Code 38281 | | | Amount of Each Di | sbursement this Period | | | | | | | |
| Purpose of Disbursement | | 0 | 11 | | 1000.00 | | | | | | | |
| Candidate Name Rep. John S. Tanner | | | egory/ /pe | | | | | | | | | |
| Office Sought: X House Disbursement Senate X Prim President Other | | | | | | | | | | | | |
| State: TN District: 08 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Transaction ID: | 29575860 | | | | | | | |
| Moore for Congress | | | | Date of Disbursem | | | | | | | | |
| Mailing Address 80 F Street NW Number 804 | | | | 03 / 12 | y 2009° | | | | | | | |
| City State Washington DC | Zip Code 20001 | | | Amount of Each Di | sbursement this Period | | | | | | | |
| Purpose of Disbursement | | 0 | 11 | | 2000.00 | | | | | | | |
| Candidate Name Dennis Moore | | | egory/ /pe | | | | | | | | | |
| Office Sought: X House Disbursement | | | | | | | | | | | | |
| Senate X Prim President Othe | r (specify) | | | | | | | | | | | |
| | | | | | | | | | | | | |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | NE NUMBER: PAGE 23 / 34 only one) | | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only | y one) | | | | | | | |
| | Dotailed Gaillinary Lage | 27 | 28a 28b 28c 29 30b | | | | | | | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam- | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| The Council of Insurance Agents & Broker | s Political Action Commi | ttee | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 29575862 | | | | | | | |
| Boyd For Congress | | | Date of Disbursement | | | | | | | |
| Mailing Address P.O. Box 15703 | | | 03 | | | | | | | |
| City Tallahassee | State Zip Code FL 32317 | | Amount of Each Disbursement this Period | | | | | | | |
| Purpose of Disbursement | | | 2000.00 | | | | | | | |
| Candidate Name | | 011 | | | | | | | | |
| Rep. Allen Boyd | | Category/ Type | | | | | | | | |
| X X | ement For: 2010 Primary General Other (specify) | | | | | | | | | |
| State: FL District: 02 | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Peters For Congress | | | Transaction ID: 29575863 | | | | | | | |
| - eters i di Congress | | | Date of Disbursement O 3 | | | | | | | |
| Mailing Address PO Box 226 | | | $\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$ | | | | | | | |
| City Bloomfield Hills | State Zip Code MI 48303 | | Amount of Each Disbursement this Period | | | | | | | |
| Purpose of Disbursement | | 011 | 1000.00 | | | | | | | |
| Candidate Name Rep. Gary C. Peters | | Category/ Type | | | | | | | | |
| · - | ement For: 2010 Primary General Other (specify) | | | | | | | | | |
| State: MI District: 09 | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee | | | Transaction ID: 29575864 Date of Disbursement | | | | | | | |
| Mailing Address 76 Magnolia Terrace | | | 03 | | | | | | | |
| City Springfield | State Zip Code MA 01108 | | Amount of Each Disbursement this Period | | | | | | | |
| Purpose of Disbursement | | - | 1000.00 | | | | | | | |
| Candidate Name | | 011 Category/ | | | | | | | | |
| Rep. Richard E. Neal | | Type | | | | | | | | |
| · - | ement For: 2010 Primary General Other (specify) | | | | | | | | | |
| State: MA District: 02 | - · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | 4000.00 | | | | | | | |

| Detailed Summary Page | SCHEDULE B (FEC FOIII 3X) | Use separate schedule | (S) (ck | R LINE N | | R: | P | AGE 24 | / 34 |
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| April (Primation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee | ITEMIZED DISBURSEMENTS | for each category of the | | 21b | 22 | | | | |
| Transaction ID: 29575887 Date of Disbursement Full Name (Last, First, Middle Initial) Mike Crapo for US Senate Mailing Address PO Box 1948 City State: NC District: 13 Full Name (Last, First, Middle Initial) Mike Crapo of Disbursement Candidate Name Miller For United States Congress Mailing Address PO Box 10322 City State: ME Disbursement Candidate Name Miller For United States Congress Mailing Address PO Box 10322 City State: ME Disbursement Candidate Name Candidate Name Amount of Each Disbursement this Periode Candidate Name Perseident State: ME District: 02 City State Zip Code Lewiston Candidate Name Perseident State: ME District: 02 City State Zip Code Amount of Each Disbursement this Periode Candidate Name Perseident State: ME District: 02 City State Zip Code NC 27605 Purpose of Disbursement Candidate Name Perseident State: ME District: 02 City State Zip Code NC 27605 Purpose of Disbursement Candidate Name Perseident State: NC District: 13 City Code NC 27605 City Code NC | or for commercial purposes, other than using the na | | | person fo | r the pu | rpose of s | soliciting c | ontribution | ns |
| Mike Crapo for US Senate Mailing Address PO Box 1948 City State Zip Code Boise ID 83701 Purpose of Disbursement Candidate Name Mailing Address 213 Lisbon St City Senate President State: ID District: 02 City State Zip Code Boise ID 83701 Transaction ID: 29575888 Date of Disbursement ID: 2010 Cardidate Name Rep. Michael H. Michaud City State Zip Code ME 04240 Purpose of Disbursement For: 2010 Cardidate Name Rep. Michael H. Michaud City State Zip Code ME 04240 City State Zip Code ME 04240 City State Zip Code ME 04240 Category' Type Category' Type Transaction ID: 29575888 Date of Disbursement ID: 20575888 Date of Disbursement ID: 20575889 Date of Disbursement ID: 20575890 Date of Disbursement ID: | The Council of Insurance Agents & Brok | ers Political Action Com | mittee | | | | | | |
| City Boise ID State Zip Code Boisbursement ID State Zip Code Boisbursement ID State: ID Disbursement For: 2010 | Mike Crapo for US Senate | | | | Date o | of Disburs | ement | | 9 Y |
| Candidate Name Mike Crapo | | | | | Amou | nt of Eacl | n Disburse | ement this | Period |
| Cardidate Name Mike Crapo Office Sought: | | טו 83701 | 01 | 1 | | | | 1500.0 | 00 |
| State: ID District: President President State: ID District: Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon St | | | Categ | ory/ | | | | | |
| Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon St City State Zip Code Lewiston ME 04240 Purpose of Disbursement Candidate Name Rep. Michael H. Michaud Office Sought: X House Senate President State: ME District: 02 Full Name (Last, First, Middle Initial) Brad Miller For United States Congress Mailing Address PO Box 10322 City State Zip Code Mailing Address PO Box 10322 City State Zip Code Raleigh NC 27605 Purpose of Disbursement Candidate Name Rep. Brad Miller District: 13 Transaction ID: 29575890 Date of Disbursement 011 Category/ Type Amount of Each Disbursement 03 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | X Senate President | X Primary Genera | al | | | | | | |
| City Lewiston Purpose of Disbursement Candidate Name Rep. Michael H. Michaud Office Sought: State: ME District: 02 Full Name (Last, First, Middle Initial) Brad Miller For United States Congress Mailing Address PO Box 10322 City Raleigh Purpose of Disbursement Candidate Name Rep. Brad Miller State: NC District: 13 Amount of Each Disbursement this Per Amount of Each Disbursement this Per 1000.00 Transaction ID: 29575890 Date of Disbursement MM M | Full Name (Last, First, Middle Initial) | | | | Date o | of Disburs | ement | | V |
| Lewiston ME 04240 Purpose of Disbursement Candidate Name Rep. Michael H. Michaud Office Sought: X House Senate President State: ME District: 02 Full Name (Last, First, Middle Initial) Brad Miller For United States Congress Mailing Address PO Box 10322 City State Zip Code Raleigh NC 27605 Purpose of Disbursement Candidate Name Rep. Brad Miller Office Sought: X House Senate President States Congress Disbursement Tor: 2010 Amount of Each Disbursement this Per Category/ Type Office Sought: X House Senate President States NC District: 13 | Mailing Address 213 Lisbon St | | | | | M / D | 1 2 / | ŽOĎ | 9 1 |
| Candidate Name Rep. Michael H. Michaud Office Sought: | | | _ | | Amou | nt of Eacl | n Disburse | | |
| Office Sought: | Candidate Name | | Categ | ory/ | L. | | | 1000.0 | 00 |
| Brad Miller For United States Congress Mailing Address PO Box 10322 City State Zip Code Raleigh NC 27605 Purpose of Disbursement Candidate Name Rep. Brad Miller Office Sought: X House Senate President State: NC District: 13 Date of Disbursement Date of Disbursement Date of Disbursement O 1 1 Category/ Type Other (specify) ▼ State: NC District: 13 | Office Sought: X House Disbut Senate President | X Primary Genera | | | | | | | |
| City Raleigh NC 27605 Purpose of Disbursement Candidate Name Rep. Brad Miller Office Sought: X House President President President State: NC District: 13 State Zip Code NC 27605 Amount of Each Disbursement this Per 1000.00 Category/ Type Other (specify) State: NC District: 13 | , | | | | Date o | of Disburs | ement | 5890 | |
| Raleigh NC 27605 Purpose of Disbursement Candidate Name Rep. Brad Miller Office Sought: | Mailing Address PO Box 10322 | | | | 0,3 | M / D | 1 2 / | žoŏ | 9 |
| Candidate Name Rep. Brad Miller Office Sought: | Raleigh | | | | Amou | nt of Eacl | n Disburse | | |
| Office Sought: X House Senate President State: NC District: 13 Disbursement For: 2010 X Primary General Other (specify) ▼ | Candidate Name | | Categ | ory/ | | | | 1000.0 | JU . |
| 2500.00 | Office Sought: X House Disbut Senate President | X Primary Genera | | - | | | | | |
| SOBTOTAL OF DISDUISEMENTS THIS Page (Optional) | SUBTOTAL of Disbursements This Page (optional | al) | | <u> </u> | | | | 3500.0 | 0 |

| SCHEDULE B (FEC FOIII 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 25 / 34 (check only one) |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 22 X 23 24 25 27 28a 28b 28c 29 |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nar | | |
| NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Broke | rs Political Action Committee | |
| Full Name (Last, First, Middle Initial) Friends of Jack Kingston | | Transaction ID: 29575892 Date of Disbursement |
| Mailing Address 7360 Skidaway Road | | 03 12 20 09 |
| City Savannah | State Zip Code GA 31406 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 |
| Candidate Name Jack Kingston Office Sought: X House Disburg | | tegory/ Гуре |
| Senate President | Primary General Other (specify) ▼ | |
| State: GA District: 01 Full Name (Last, First, Middle Initial) | | Transaction ID: 29575894 |
| Tiberi for Congress | | Date of Disbursement O 3 M |
| Mailing Address 211 S. 5th St. | | 03 12 2009 |
| City Columbus | State Zip Code OH 43215 | Amount of Each Disbursement this Perio |
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| Candidate Name Pat Tiberi | | tegory/ Гуре |
| Senate President | ement For: 2010 (Primary General Other (specify) | |
| State: OH District: 12 Full Name (Last, First, Middle Initial) Kenny Marchant For Congress | | Transaction ID: 29575896 Date of Disbursement |
| Mailing Address PO Box 110187 | | 03 |
| City Carrollton | State Zip Code TX 75011 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 2000.00 |
| Candidate Name Mr. Kenny Marchant | | tegory/ Гуре |
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| SUBTOTAL of Disbursements This Page (optional | | • 4000.00 |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | | NE NUMBER: PAGE 26 / 34 only one) | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 1— | k oni 1b [| y one) 22 | X | 23 | □ 24 | | 25 | □ 26 | | |
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| Any Information copied from such Reports and State or for commercial purposes, other than using the name | | | | | | | | | | S | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| The Council of Insurance Agents & Broker | rs Political Action Committe | е | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Chris Lee For Congress | | | | | | on ID: | 29575 ement | 5898 | 3 | | | |
| Mailing Address PO Box 15395 | | | | 0 3 | М | [/] 1 | ^D / | ^Y 2 | o ŏ | 9 ^Y | | |
| City Rochester | State Zip Code NY 14615 | | | Amou | int of | f Each | Disburs | emen | t this | Period | | |
| Purpose of Disbursement | | 011 | $\overline{}$ | L. | | | | 20 | 00.00 |) | | |
| Candidate Name Mr. Christopher Lee | | Category Type | // | | | | | | | | | |
| Senate President | ement For: 2010 Primary General Other (specify) | | | | | | | | | | | |
| State: NY District: 26 | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cor | nmittee | | | Date | of Di | isburs | | 5899 |) | | | |
| Mailing Address 430 South Capitol Stree | t, SE | | | 0,3 | М | [/] 1 | ^D 2 | ^Y 2 | o ŏ | 9 | | |
| City Washington | State Zip Code DC 20003 | | | Amou | int of | f Each | Disburs | - | - | | | |
| Purpose of Disbursement | | 011 | | L. | - | | | 150 | 00.00 |) | | |
| Candidate Name Democratic Congressional Campaign Cor | nmittee | Category Type | // | | | | | | | | | |
| Senate President | ement For: Primary General Other (specify) | | | | | | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | _ | | | | | | | | |
| National Republican Congressional Comm | nittee | | | Date | of Di | isburs | | | | V | | |
| Mailing Address 320 1st St, SE | | | | 0,3 | М | [/] 1 | ^D 2 | 2 | o ŏ | 9 ' | | |
| City Washington | State Zip Code DC 20003 | | | Amou | int of | f Each | Disburs | - | - | | | |
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| \ | | Insurance Agents | & Brokers Po | litical A | Action Commi | ttee | | |
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| Ma | ailing Address | 6330 Dunman | Way | | | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
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| | ffice Sought: | X House Senate President | Disbursement X Prin Oth | | 2010 General | | | Breakfast for Congressman Allen Boyd |
| | ate: FL Ill Name (Last, | District: 02 First, Middle Initial) | | | | | | Transaction ID: 29599157 |
| | m Himes For | . , | | | | | | Date of Disbursement |
| Ма | Mailing Address 857 Post Road, #312 | | | | | | | 03 |
| City Fa | ty airfield | | State CT | ! | Zip Code 06824 | | | Amount of Each Disbursement this Perio |
| Pur | urpose of Disbu | irsement | | | | 0 | 11 | 1000.00 |
| | Candidate Name Mr. Jim Himes | | | | | | egory/ pe | |
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| | oto OT | President | Oth | er (spec | cify) 🔻 | | | |
| Sta Ful | , . | District: 04 First, Middle Initial) | Oth | er (spe | cify) | | | Transaction ID: 29599178 |
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| \rangle | NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Bro | kers Political Action Comm | ittee | | | | | | |
| <u>v </u> | Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski | | | | Transacti Date of Di | | |) | |
| | Mailing Address 103 South Hanover S | treet | | | 03 M | 27 | / Y 2 | 009 | |
| | City Nanticoke | State Zip Code PA 18634 | | | Amount of | Each Dis | | | rioc |
| | Purpose of Disbursement | | 011 | | | | 20 | 00.00 | _ |
| | Candidate Name Rep. Paul E. Kanjorski | | Catego Type | - | | | | | |
| | Senate President | ursement For: 2010 X Primary General Other (specify) | | | | | | | |
| | State: PA District: 11 Full Name (Last, First, Middle Initial) Citizens for Bunning | | | | Transacti | | | <u> </u> | |
| | Mailing Address 1717 Dixie Highway | | | | Date of Di | D 2 7 | | 009 | ′ |
| | Suite 180 City Fort Wright | State Zip Code KY 41011 | | | Amount of | Each Dis | bursemer | nt this Pe | rio |
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| | Candidate Name Jim Bunning | | Catego Type | - | | | | | |
| | X Senate President | ursement For: 2010 X Primary General Other (specify) ▼ | | | | | | | |
| | State: KY District: Full Name (Last, First, Middle Initial) Cleaver For Congress | | | | Transacti Date of Di | | | 3 | |
| | Mailing Address 4801 Main Street, Str | uite 1000 | | | M M M | 26 | | 0 0 9 ° | |
| | City Kansas City | State Zip Code MO 64112 | | | Amount of | Each Dis | bursemer | nt this Pe | rio |
| | Purpose of Disbursement | | 011 | | | | 10 | 00.00 | _ |
| | Candidate Name Rep. Emanuel Cleaver, II | | Catego Type | | | | | | |
| | Senate President | ursement For: 2010 X Primary General Other (specify) | | | | | | | |
| | State: MO District: 05 | | | | | | | | |

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| The Council of Insurance Agents & Brok | ers Political Action Comr | nittee | |
| Full Name (Last, First, Middle Initial) Arcuri For Congress | | | Transaction ID: 29599184 Date of Disbursement 0 3 |
| Mailing Address P.O. Box 8508 | | | $\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix}$ |
| City Utica | State Zip Code NY 13505 | | Amount of Each Disbursement this Perio |
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| | x Primary General Other (specify) | Туре | |
| Full Name (Last, First, Middle Initial) Matsui For Congress | | | Transaction ID: 29599185 Date of Disbursement |
| Mailing Address PO Box 1738 | | | 03 |
| City Sacramento | State Zip Code CA 95812 | | Amount of Each Disbursement this Perio |
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| Candidate Name Doris Matsui | | Category/ Type | |
| ů A | sement For: 2010 X Primary Genera Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) Adler For Congress | | | Transaction ID: 29599186 Date of Disbursement |
| Mailing Address 14 Knightswood Drive | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
| City Marlton | State Zip Code NJ 08053 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Mr. John Adler | | Category/ Type | |
| Senate President | sement For: 2010 X Primary Genera Other (specify) ▼ | | |
| State: NJ District: 03 | | | |
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| SCHEDULE B (FEC Form 3X) | Lloo concrete cabadula(a) | FOR LINE | NUMBER: | PAGE 30/34 |
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| NAME OF COMMITTEE (In Full) | | | | |
| The Council of Insurance Agents & Brokers | s Political Action Commi | ttee | | |
| Full Name (Last, First, Middle Initial) Bennet For Colorado | | | Transaction ID: 2 | |
| Mailing Address PO Box 3078 | | | 03 / 26 | Y 2009 |
| • | State Zip Code | | Amount of Each Dis | sbursement this Period |
| Denver | CO 80201 | | | 2500.00 |
| Purpose of Disbursement | | 011 | | 2300.00 |
| Candidate Name Mr. Michael Bennet | | Category/ Type | | |
| 9 🗎 – | ment For: 2010 Primary General Other (specify) | | | |
| State: CO District: | | | | |
| Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy | | | Transaction ID: 2 | |
| Mailing Address P.O. Box 127 | | | 03 / 26 | ⁷ 2009 |
| City Cheshire | State Zip Code CT 06410 | | Amount of Each Dis | sbursement this Period |
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| Candidate Name Rep. Christopher Scott Murphy | | Category/ Type | | |
| 9 1 | ment For: 2010 Primary General Other (specify) | | | |
| State: CT District: 05 | - | | | |
| Full Name (Last, First, Middle Initial) Bachmann For Congress | | | Transaction ID: 2 | |
| Mailing Address PO Box 25950 | | | 03 / 26 | y 2009 |
| City Woodbury | State Zip Code MN 55125 | | Amount of Each Dis | sbursement this Period |
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| Candidate Name Michele Bachmann | | 011 Category/ Type | | |
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| State: MN District: 06 | | | | |
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| The Council of Insurance Agents | & Brokers Political Action Comr | mittee | |
| Full Name (Last, First, Middle Initial) Markey For Congress | | | Transaction ID: 29599250 Date of Disbursement |
| Mailing Address PO Box 1333 | | | $ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D & D \\ 0 & 2 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$ |
| City Fort Collins | State Zip Code CO 80521 | | Amount of Each Disbursement this Perio |
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| State: CO District: 04 | | | |
| Full Name (Last, First, Middle Initial) Lamborn For Congress | | | Transaction ID: 29599251 Date of Disbursement |
| Mailing Address P.O. Box 64107 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & O & Q \\ Y & 2 & O & O & Q \end{bmatrix}^{Y}$ |
| City Colorado Springs | State Zip Code CO 80962 | | Amount of Each Disbursement this Period |
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| Candidate Name Rep. Doug Lamborn | | Category/ Type | |
| Office Sought: X House Senate President | Disbursement For: 2010 X Primary General Other (specify) ▼ | 1 | |
| State: CO District: 05 | | | |
| Full Name (Last, First, Middle Initial) Republican Majority Fund | | | Transaction ID: 29600322 Date of Disbursement |
| Mailing Address 101 Constitution #900 W | | | 03 |
| City Washington | State Zip Code DC 20001 | | Amount of Each Disbursement this Period 1000.00 |
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| Candidate Name | | Category/ Type | |
| Office Sought: House Senate | Disbursement For: Primary General Other (specify) ▼ | I | |
| Precident | Julio (apooliy) 🔻 | | İ |
| State: President District: | | | |

| Transaction ID: 29600332 Disbursement Candidate Name Cardidate Name President State: NY District: 14 Full Name (Last, First, Middle Initial) Maling Address PO Box 1526 City Full Name (Last, First, Middle Initial) Maling Address PO Box 1526 City Cardyn B. Maline Luetkerneyer Office Sought: X House Candidate Name Mr. W. Blaine Luetkerneyer Office Sought: X House State: NO Office Sought: X House President State: NO Office Sought: X House President State: NO Office Sought: X House Candidate Name Mr. W. Blaine Luetkerneyer Office Sought: X House President State: NO Office Sought: X House President No Office Sought: Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | SCHEDOLL B (I LC I OIIII 5X) | Use separate schedule(s | (check only | NUMBER: PAGE 32/34 vone) |
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| nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) The Council of Insurance Agents & Brokers Political Action Committee Full Name (Last, First, Middle Initial) Maloney for Congress Mailing Address 24 East 93rd Street Suite 4B City State Zip Code NY 10128 Purpose of Disbursement Candidate Name Carolyn B. Maloney Office Sought: X House Sanate President State: Xip Primary General Purpose of Disbursement Columbia Mo 65205 Purpose of Disbursement Candidate Name Mr. W. Blaine Luetkermeyer Office Sought: X House Senate President State: MO District: 09 Full Name (Last, First, Middle Initial) Monotanans For Tester Mailing Address PO Box 1135 City State: Xip Code Mr. W. Blaine Luetkermeyer Office Sought: X House Senate President State: Xip Code Mr. W. Blaine Luetkermeyer Office Sought: X House Senate President State: Xip Code Mr. W. Blaine Luetkermeyer Office Sought: X House Senate President State: Xip Code Mr. W. Blaine Luetkermeyer Office Sought: X House Senate President State: Xip Code Mr. W. Blaine Luetkermeyer Office Sought: X House Senate President Mr. S9624 Purpose of Disbursement Office Sought: X House Senate President Office Sought: X House Senate President Office Sought: X House NY District: 09 Amount of Each Disbursement this Peric Category/ Type Office Sought: Y Z 0 0 9 Amount of Each Disbursement this Peric Category/ Type Office Sought: Y Z 0 0 9 Amount of Each Disbursement this Peric Category/ Type Office Sought: Y Z 0 0 9 | | Detailed Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
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| Maloney for Congress Mailing Address 24 East 93rd Street Suite 4B City Suite 4B City New York NY 10128 Purpose of Disbursement Candidate Name Carolyn B. Maloney Office Sought: X House President President President Mo 65205 Full Name (Last, First, Middle Initial) Blaine For Congress 2008 Mailing Address PO Box 1526 City State: MO District: 14 Candidate Name Crandidate Name Condidate Name Condidate Name Office Sought: X House President Disbursement For: 2010 Candidate Name Mr. W. Blaine Luetkemeyer Office Sought: X House President Disbursement For: 2010 Senate Disbursement Other (specify) ▼ Transaction ID: 29600334 Date of Disbursement ID: 29600334 Date of Disbursement ID: 29600334 Date of Disbursement ID: 29600335 Amount of Each Disbursement ID: 2000 9 Amount of Each Disbursement ID: 2000 9 Amount of Each Disbursement ID: 2000 9 Transaction ID: 29600335 Date of Disbursement Office Sought: X House Disbursement For: 2010 City Primary General Disbursement Mailing Address PO Box 1135 City State: Zip Code Helena MT 59624 Purpose of Disbursement Office Sought: House Disbursement For: 2012 X Primary General Disbursement ID: 29600335 Date of Disbursement ID: 2000035 Date of Disburs | ` ' | ers Political Action Comm | ittee | |
| Suite 4B City New York Ny 10128 Purpose of Disbursement Candidate Name Carolyn B. Malloney Office Sought: State: NY District: 14 Full Name (Last, First, Middle Initial) Blaine For Congress 2008 Mailing Address PO Box 1526 City Columbia Mr. W. Blaine Luetkemeyer Office Sought: Senate President State: MO District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State: MO District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address Mo District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address Mo District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address Mo District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State President Disbursement For: Mailing Address PO Box 1135 City State Mo District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State Mo District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State Mo District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State Mo District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State Mo District: 09 Amount of Each Disbursement this Peric Transaction ID: 29600335 Date of Disbursement Mailing Address Date of Disbursement this Peric Transaction ID: 29600335 Date of Disbursement this Peric Amount of Each Disbursement this Peric Transaction ID: 29600335 Date of Disbursement this Peric Transaction ID: 29600335 Date of Disbursement this Peric Mail Montanans Mo District: 09 Full Rame Mo District: 09 Amount of Each Disbursement this Peric Mid Mo District: 09 Amount of Each D | • | | | Date of Disbursement |
| New York Purpose of Disbursement Candidate Name Carolyn B. Maloney Office Sought: | | | | |
| Candidate Name Carolyn B. Maloney Office Sought: | New York | | | |
| Carolyn B. Maloney Office Sought: | | | | 1000.00 |
| Senate President State: NY District: 14 Full Name (Last, First, Middle Initial) Blaine For Congress 2008 Mailing Address PO Box 1526 City State Zip Code MO 65205 Purpose of Disbursement Candidate Name Mr. W. Blaine Luetkemeyer Office Sought: X House President President State: MO District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State Zip Code MT Senate President President State: MO District: 09 Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City State Zip Code MT 59624 Purpose of Disbursement Candidate Name Sen. Jon Tester Disbursement For: 2012 Candidate Name Sen. Jon Tester Disbursement For: 2012 X Primary General President President Type Office Sought: X House MT 59624 Purpose of Disbursement Candidate Name Sen. Jon Tester Disbursement For: 2012 X Primary General President Other (specify) ▼ Cother (specify) ▼ Amount of Each Disbursement this Peric Type Office Sought: X Primary General Other (specify) ▼ Other (specify) ▼ | Carolyn B. Maloney | reament For: 2010 | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 33 / 34 (check only one) |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b |
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| NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Broker | s Political Action Committee | |
| Full Name (Last, First, Middle Initial) Childers For Congress | | Transaction ID: 29600361 Date of Disbursement |
| Mailing Address PO Box 177 | | 03 |
| City Booneville | State Zip Code MS 38829 | Amount of Each Disbursement this Period |
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| Candidate Name Rep. Travis Wayne Childers | Cate | egory/ ype |
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| SUBTOTAL of Disbursements This Page (optional) | • | 6500.00 |
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